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AFF 2881
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Use in lieu of PTO/SB/17 (08-03)
(Form updated to reflect FY 2004 fees effective 10/1/03)

FEE TRANSMITTAL for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) **1,280.00**

FEE TRANSMITTAL for FY 2004					
Effective 10/01/2003. Patent fees are subject to annual revision.					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
TOTAL AMOUNT OF PAYMENT (\$) 1,280.00					
METHOD OF PAYMENT (check all that apply)			FEES CALCULATION (continued)		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:			3. ADDITIONAL FEES		
Deposit Account Number 04-1073 Deposit Account Name Dickstein Shapiro Morin & Oshinsky LLP The Director is authorized to: (check all that apply)			Large Entity Small Entity		
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.			Fee Description Fee Paid		
1. BASIC FILING FEE			Fee Description Fee Paid		
Large Entity Small Entity			Fee Description Fee Paid		
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
1001 770	2001 385	385	Utility filing fee		
1002 340	2002 170	170	Design filing fee		
1003 530	2003 265	265	Plant filing fee		
1004 770	2004 385	385	Reissue filing fee		
1005 160	2005 80	80	Provisional filing fee		
SUBTOTAL (1) (\$) 0.00					
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE			Extra Claims Fee from below Fee Paid		
Total Claims 7 -20** = x = 0.00 Independent 3 -3** = x = 0.00 Claims Multiple Dependent			Fee Description		
Large Entity Small Entity			Fee Description		
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid	
1202 18	2202 9	9	Claims in excess of 20		
1201 86	2201 43	43	Independent claims in excess of 3		
1203 290	2203 145	145	Multiple dependent claim, if not paid over original patent		
1204 86	2204 43	43	** Reissue independent claims over original patent		
1205 18	2205 9	9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2) (\$) 0.00					
**or number previously paid, if greater. For Reissues, see above					
SUBMITTED BY (Complete if applicable)					
Name (Print/Type)	Mark J. Thronsen		Registration No. (Attorney/Agent)	33,082	Telephone (202) 828-4879
Signature			Date	October 8, 2003	